

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Oasis of Love Family Home Limited Liability CO.	LICENSE NUMBER #752913
---	----------------------------------

NOTE: The term “the home” refers to the adult family home / provider listed above.

The scope of care, services, and activities listed on this form may not reflect all required care and services the home must provide. The home may not be able to provide services beyond those disclosed on this form, unless the needs can be met through “reasonable accommodations.” The home may also need to reduce the level of care they are able to provide based on the needs of the residents already in the home. For more information on reasonable accommodations and the regulations for adult family homes, see [Chapter 388-76](#) of Washington Administrative Code.

Table of Contents

[About the Home](#)

[Personal Care](#)

[Medication Services](#)

[Skilled Nursing Services and Nursing Delegation](#)

[Specialty Care Designations](#)

[Staffing](#)

[Cultural or Language Access](#)

[Medicaid](#)

[Activities](#)

About the Home

1. PROVIDERS STATEMENT (OPTIONAL)

The optional provider's statement is free text description of the mission, values, and/or other distinct attributes of the home.

Oasis of Love Family Home Vision and Mission is to create safe and happy environment to our dignified seniors.

2. INITIAL LICENSING DATE

07/17/2015

3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:

N/A

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

N/A

5. OWNERSHIP

- ☐ Sole proprietor
- ☒ Limited Liability Corporation
- ☐ Co-owned by:
- ☐ Other:

Personal Care

“Personal care services” means both physical assistance and/or prompting and supervising the performance of direct personal care tasks as determined by the resident's needs, and does not include assistance with tasks performed by a licensed health professional. (WAC 388-76-10000)

1. EATING

<p>If needed, the home may provide assistance with eating as follows:</p> <p>Providing eating assistance when ever needed and monitoring cuing based on capacity of our Residents.</p>
<p>2. TOILETING</p> <p>If needed, the home may provide assistance with toileting as follows:</p> <p>Assisting with toileting cuing and monitoring in line with each Residents need.</p>
<p>3. WALKING</p> <p>If needed, the home may provide assistance with walking as follows:</p> <p>Assist with walking and wheeling and light exercise will be encouraged depending on the capacity of each resident.</p>
<p>4. TRANSFERRING</p> <p>If needed, the home may provide assistance with transferring as follows:</p> <p>One person assistance is available in the facility for transferring</p>
<p>5. POSITIONING</p> <p>If needed, the home may provide assistance with positioning as follows:</p> <p>Provide assistance with positioning from cuing and monitoring to one person assist.</p>
<p>6. PERSONAL HYGIENE</p> <p>If needed, the home may provide assistance with personal hygiene as follows:</p> <p>Personal hygiene provided from cuing and giving total assistance.</p>
<p>7. DRESSING</p> <p>If needed, the home may provide assistance with dressing as follows:</p> <p>Provide assistance with dressing and cuing or total support will be given as needed.</p>
<p>8. BATHING</p> <p>If needed, the home may provide assistance with bathing as follows:</p> <p>Provide assistance with bathing cuing and also total assistance as needed by individual resident</p>
<p>9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE</p> <p>Provide care as per need of each resident giving shower in existing two shower rooms.</p>
<p>Medication Services</p>
<p>If the home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications. (WAC 388-76-10430)</p>
<p>The type and amount of medication assistance provided by the home is:</p> <p>We provide medication administration as per the need of each resident with nurse delegation</p>
<p>ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES</p> <p>We work with the pharmacy to make sure timely delivery and updates of medication for all our residents</p>
<p>Skilled Nursing Services and Nurse Delegation</p>
<p>If the home identifies that a resident has a need for nursing care and the home is not able to provide the care per chapter 18.79 RCW, the home must contract with a nurse currently licensed in the state of Washington to provide the nursing care and service, or hire or contract with a nurse to provide nurse delegation. (WAC 388-76-10405)</p>
<p>The home provides the following skilled nursing services:</p> <p>PRN medications and Oxygen management is provided</p>
<p>The home has the ability to provide the following skilled nursing services by delegation:</p>

Topical, wound care, eye drop and medication mangement depending on the need of each resident
ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION
Nurse delegation is provided as needed to the facility staff for clients as they require as per each residents need
Specialty Care Designations
<p>We have completed DSHS approved training for the following specialty care designations:</p> <p><input checked="" type="checkbox"/> Developmental disabilities</p> <p><input checked="" type="checkbox"/> Mental illness</p> <p><input checked="" type="checkbox"/> Dementia</p>
ADDITIONAL COMMENTS REGARDING SPECIALTY CARE DESIGNATIONS
Staffing
<p>The home's provider or entity representative must live in the home, or employ or have a contract with a resident manager who lives in the home and is responsible for the care and services of each resident at all times. The provider, entity representative, or resident manager is exempt from the requirement to live in the home if the home has 24-hour staffing coverage and a staff person who can make needed decisions is always present in the home. (WAC 388-76-10040)</p> <p><input checked="" type="checkbox"/> The provider lives in the home.</p> <p><input checked="" type="checkbox"/> A resident manager lives in the home and is responsible for the care and services of each resident at all times.</p> <p><input type="checkbox"/> The provider, entity representative, or resident manager does not live in the home but the home has 24-hour staffing coverage, and a staff person who can make needed decisions is always present in the home.</p> <p>The normal staffing levels for the home are:</p> <p><input type="checkbox"/> Registered nurse, days and times: _____</p> <p><input checked="" type="checkbox"/> Licensed practical nurse, days and times: <u>As needed</u></p> <p><input checked="" type="checkbox"/> Certified nursing assistant or long term care workers, days and times: <u>day time 1 and night time 2 care givers</u></p> <p><input checked="" type="checkbox"/> Awake staff at night</p> <p><input type="checkbox"/> Other: _____</p>
ADDITIONAL COMMENTS REGARDING STAFFING
Provider is also available always as needed
Cultural or Language Access
<p>The home must serve meals that accommodate cultural and ethnic backgrounds (388-76-10415) and provide informational materials in a language understood by residents and prospective residents (Chapter 388-76 various sections)</p> <p>The home is particularly focused on residents with the following background and/or languages:</p> <p>English is preference but others will be accomodated.</p>
ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS
We are committed to accommodate but we don't want to create hinderence
Medicaid
<p>The home must fully disclose the home's policy on accepting Medicaid payments. The policy must clearly state the circumstances under which the home provides care for Medicaid eligible residents and for residents who become eligible for Medicaid after admission. (WAC 388-76-10522)</p> <p><input type="checkbox"/> The home is a private pay facility and does not accept Medicaid payments.</p> <p><input checked="" type="checkbox"/> The home will accept Medicaid payments under the following conditions: _____</p>

Based on our ability to meet level of care needs.
ADDITIONAL COMMENTS REGARDING MEDICAID Our current clients are elderly so to better socialize we prefer age relevant residents.
Activities
The home must provide each resident with a list of activities customarily available in the home or arranged for by the home (WAC 388-76-10530).
The home provides the following: Christmas party, Birth day celebrations, Thanks giving, BBQ during summer season, playing games cards and any game resident like to play.
ADDITIONAL COMMENTS REGARDING ACTIVITIES exercise, playing cards, Chinese checkers, reading books and watching TV,

Please Return the completed form electronically to AFHDisclosures@DSHS.WA.GOV

The form may also be returned by mail at:
 RCS – Attn: Disclosure of Services
 PO Box 45600
 Olympia, WA 98504-5600